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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/983,067	10/23/2001	Akio Inoue	1752-0151P	8894
2292 75	590 . 08/24/2005		EXAMINER	
BIRCH STEV PO BOX 747	VART KOLASCH &	MAYER, SUZANNE MARIE		
FALLS CHURCH, VA 22040-0747			ART UNIT	PAPER NUMBER
			1653	

DATE MAILED: 08/24/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

Interview Summary

Application No.	Applicant(s)
09/983,067	INOUE ET AL.
Examiner	Art Unit
Suzanne M. Mayer, Ph.D.	1653 ·

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All participants (applicant, applicant's representative, PTO	personnel):						
(1) Suzanne M. Mayer, Ph.D.	(3) <u>Craig McRobbie</u> .						
(2) Robert Wax.	(4)						
Date of Interview: 10 August 2005.							
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)∏ applicant's representative	·]					
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No. ˙						
Claim(s) discussed: <u>1-17, emphasis on claims 1-4</u> .							
Identification of prior art discussed:							
Agreement with respect to the claims f) was reached. g)□ was not reached. h)⊠ N	/A.					
Substance of Interview including description of the general reached, or any other comments: <u>See Continuation Sheet</u> .	nature of what was agreed to	if an agreement	was				
(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)							
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF Summary of Record of Interview requirements on reverse significant contents.	last Office action has already THE MAILING DATE OF THIS OF THE SUBSTANCE OF THI	been filed, APPI S INTERVIEW S	LICANT IS UMMARY				

PRIMARY EXAMINER

Examiner Note: You must sign this form unless it is an

Attachment to a signed Office action.

Examiner's signature, if required